

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND
CORRECTIVE ACTION WORK CONTRACT DATE**

APPLICANT NAME: _____

UST Release (LUST #): _____

APPLICATION #: _____

APPLICATION SUBMISSION DATE: _____

Payments from the Arizona State Assurance Fund (SAF) are to be based on the schedule of corrective action costs in effect on the date a contract for the claimed corrective action work was entered into by the applicant, or if that date cannot be determined, the date the claimed corrective action work was performed.

I, the applicant or designated representative of the owner or operator applicant, hereby declare, under penalty of perjury (Check one of the below and enter the contract date, if any):

_____ the contract for the work that is the subject of the above application was entered into on _____. If two or more contracts authorize the work that is the subject of the above application, the line numbers from the Claimed Summary Worksheet performed under each contract along with the date the contract was entered into are shown on the below table.

I hereby affirm that, if requested by the Arizona Department of Environmental Quality (ADEQ), I will submit to ADEQ a copy of the complete contract or contracts for the corrective action work that is the subject of the above application, or if the contract or contracts for the corrective action work performed is/are verbal, a written, signed summary of the terms and conditions of each contract.

_____ No contract exists for any part of the corrective action work that is the subject of the above application.

MULTIPLE CONTRACT INFORMATION

CLAIMED SUMMARY WORKSHEET LINE NUMBER(S)	APPLICABLE CONTRACT IDENTIFICATION	DATE ENTERED INTO

SIGNATURE OF APPLICANT

OR _____
SIGNATURE OF OWNER OR OPERATOR
DESIGNATED REPRESENTATIVE

PRINTED NAME

OR _____
PRINTED NAME

DATE

DATE

FIRM

OR _____
FIRM